

| USDCA 435 (Rev. 07/14) TRANSCRIPT ORDER | | | FOR COURT USE ONLY DUE DATE: | | |
|---|--|---|---|-----------------------|-------|
| <i>Read Instructions Page</i> | | | | | |
| 1. NAME: Gary Colbath | | 2. PHONE NUMBER: 907-646-3400 | | | |
| 4. MAILING ADDRESS: 425 G Street, Suite 800 | | 5. CITY: Anchorage | | | |
| 6. STATE: AK | | 7. ZIP CODE: 99501 | | | |
| 8. CASE NUMBER: 3:20-cr-00012-TMB-DMS | | 9. JUDICIAL OFFICIAL: Deborah M. Smith | | | |
| DATES OF PROCEEDINGS | | | | | |
| | | 10. FROM 08/28/2020 11. TO 08/28/2020 | | | |
| LOCATION OF PROCEEDINGS | | | | | |
| 12. CASE NAME: U.S. v. Topps et al | | 13. CITY Anchorage 14. STATE AK | | | |
| 15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify) | | | | | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | |
| PORTIONS | | DATE(S) | PORTION(S) | | |
| <input type="checkbox"/> VOIR DIRE | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify) | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | <input checked="" type="checkbox"/> OTHER (Specify) | | |
| <input type="checkbox"/> SENTENCING | | Evidentiary Hearing | August 28, 2020 | | |
| <input type="checkbox"/> BAIL HEARING | | | | | |
| 17. ORDER | | | | | |
| CATEGORY | ORIGINAL (Includes Free Copy for the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS |
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| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | |
| 18. SIGNATURE <i>/s/Gary Colbath</i> | | | | PROCESSED BY | |
| 19. DATE 09/02/2020 | | | | PHONE NUMBER | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | |
| ORDER RECEIVED | | DATE | BY | | |
| DEPOSIT PAID | | | | DEPOSIT PAID | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | |

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